FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F

Principal Place of Business

P39190

(4)

Mailing Address

WASHINGTON GENERAL CORPORATION

FILED
May 13 1998 8:00am
Secretary of State

ONE COMMERCE CENTER. 12TH & ORANGE ST #718. WILMINGTON DE 19801		ONE COMMERCE CENTER, 12TH & ORANGE ST., #718. WILMINGTON DE 19801		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	· · · · · · ·	
		* 1 6 2 14.90 2 33		06/10/1992 4. FEI Number	Applied For	
2. Principat Place of Business		2a. Mailing Address			Not Applicable	
State to the state of the state		Suite, Apt. #, etc.		65-0243448	8.75 Additional	
Suite, Apt. #, etc.		27 Suite, Apr. #, 8tc.		5. Certificate of Status Desired	Fee Required	
City & State		City & State			5.00 May Be	
3		28	T		Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current Personal Property Tax due June 30.		
4	9. Name and Address of Curren	29	30	Personal Property Tax due June 30. Your 10. Name and Address of New Registered Age		
			81 Name			
	E PRENTICE-HALL CORPORATIO	IN SYSTEM INC.				
)1 HAYS STREET		82 Stree	t Address (P.O. Box Number is Not Acceptable)		
	ITÉ 105		83			
IAL	L a hassee FL 32301					
			84 City	FL *	5 Zip Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-name	d corporation submits this statement for the purpose of charporation's board of directors. I hereby accept the appointment	inging its registered	
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	or Horida, Such change was itions of, Section 607.0505. F	lorida Statutes.	appointing board of directors. Thereby accept the appoint	nent as registeres	
SIGNATURE	Stgnature, typed or ponted name of regularied age	et and title d'applicable (NO	E: Registered Agent signate	re required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF		
ITLE	CPT	DELETE	1.1 TITLE	*	Change	
NAME	MANDOR, ROBERT		1.2 NAME			
STREET ADDRESS	5200 TOWN CENTER CIRCLE		1.3 STREET ADDRESS	150E. Palmetto Park Road,	4th Fl	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	VS	DELETE	2.1 TITLE	Authorized Representative	Change	
NAME .	LEVINE, JOAN	•	2 2 NAME			
STREET ADDRESS	5200 TOWN CENTER CIRCLE		2.3 STREET ADDRESS	Joseph Otto- 150E. Palmet		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP	4th Fl., Boca Raton, FL	33432	
TITLE		DELETE	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	4 1 11TLE		Change	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	3		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES			
CITY-ST-ZIP			5.4 C(1Y - S1 - Z(P			
TITLE		☐ DELETE	6.1 TITLE	l U	Change	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	6		
CiTY-ST-ZIP			64 CITY-ST-ZIP			
indicated officer or	certify that the information supplied w on this annual report or supplied benta director of the corporation of the rect or Block 13 if changer in a rain atta	d ap pual rep ort is true and ac eiver or trustee enipowered to	for the exemption sta ecurate and that my so execute this report	ated in Section 119.07(3)(i), Florida Statules. I further certify ignature shall have the same legal effect as if made under as required by Chapter 607, Florida Statutes; and that my r	oath; that I am an name appears in	

1.120/08 (51) 291, 9522